

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 310

CERTIFICATE OF DEATH

REGISTRAR'S NO. 35

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL)
TOWN Phoenix

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA
2 yrs 2 yrs

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
INSTITUTION VA Hospital, Phoenix, Arizona

2. USUAL RESIDENCE

(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE Arizona B. COUNTY Maricopa

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)
OR TOWN Phoenix (Sunnyslope) Rural

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)
8932 North 1st St.

3. NAME OF DECEASED

A. (FIRST)

David

B. (MIDDLE)

A.

C. (LAST)

Frapp

4. SEX

Male

5. COLOR OR RACE

White

(TYPE OR PRINT)

6. MARRIED - - - - -
NEVER MARRIED ☒
WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH
MONTH DAY YEAR
11 24 91

8. AGE
YEARS MONTHS DAYS
59 1 8

IF UNDER 24 HOURS
HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
Unknown

9B. KIND OF BUSINESS OR INDUSTRY
Unknown

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Florida

11. CITIZEN OF WHAT COUNTRY?
USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
Yes WWI

13. SOCIAL SECURITY NO.
Unknown

14A. FATHER'S NAME
Unknown

14B. BIRTHPLACE (STATE OR COUNTRY)
Unknown

15A. MOTHER'S MAIDEN NAME
Unknown

15B. BIRTHPLACE (STATE OR COUNTRY)
Unknown

16. INFORMANT'S SIGNATURE

VA Hospital Records

ADDRESS

Phoenix, Arizona

17. DATE OF DEATH

(MONTH) (DAY) (YEAR)
January 2 1951

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTINUED.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a)

Cerebral Thrombosis

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) Cerebral Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

Pulmonary Emphysema

INTERVAL BETWEEN ONSET AND DEATH
36 hrs

Unknown

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-1 19 51 TO 1-2 19 51 FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE)
Seymour Fisher, M.D. Manager

23B. ADDRESS
VA Hospital, Phoenix, Arizona

23C. DATE SIGNED
1-4-51

24A. BURIAL CREMATION REMOVAL ☒

24B. DATE
Jan. 4, 1951

24C. NAME OF CEMETERY OR CREMATORY
Greenwood

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG.

25B. REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

27. EMBALMER'S SIGNATURE

CERT. NO.

Bulah Houston

Seymour J. Fisher 150

Arizona Funeral Home